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NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

11/23/2004

David R Hall
2185 South Larsen Parkway
Provo, UT 84606

EXAMINER

WONG, ALBERT KANG

ART UNIT

PAPER NUMBER

2635

DATE MAILED: 11/23/2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/620,073 | 07/20/2000 | David R. Hall | | 3609 |

TITLE OF INVENTION: REPEATABLE REFERENCE FOR POSITIONING SENSORS AND TRANSDUCERS IN DRILL PIPE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$685 | \$0 | \$685 | 02/23/2005 |

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THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THE STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

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If the SMALL ENTITY is shown as NO:

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David R Hall
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| (Depositor's name) |
| (Signature) |
| (Date) |

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| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| WONG, ALBERT KANG | 2635 | 340-854500 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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| (Depositor's name) |
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number _____ (enclose an extra copy of this form).

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